MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2RD AMENDMENT		CLAIMS								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1												
2							51						
3							52						
4							53						
5							54						
6							55						
7							56						
8							57						
9							58						
10							59						
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13							62						
14		5					63						
15		8					64						
16		5					65						
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43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Handwritten notes in center column: 17, 12, 7, 36